



System-of-Care Evaluation Brief

Understanding Service Experience and Treatment Adherence in Systems of Care

System-of-care programs are intended to provide culturally competent services according to individual child and family needs, make services accessible within the community, provide services in the least restrictive settings to meet the child's needs, and promote coordination among service providers and agencies. By delivering services in this manner, systems of care should be able to provide the most appropriate and needed services, enhance engagement with services, and provide more positive service experiences for children and families. As part of the Comprehensive Community Mental Health Services for Children and Their Families Program, a special *service experience and treatment adherence substudy* is being conducted in two 1997-funded system-of-care and two non-system-of-care communities involved in the national evaluation comparison study. The purpose of the substudy is to examine the extent to which services delivered at the individual child and family level embody system-of-care principles and to examine the congruence between services that are planned and what is actually received by children and families.

Background

Significant evidence has accumulated over the past decade indicating that the system-of-care approach has had a positive impact on how services are delivered to children and families with mental health needs (Chamberlain & Reid, 1991; Green, Johnson, & Rogers, 1998). Although there is substantial information about how systems develop over time, there continues to be a lack of convincing evidence about service effectiveness at the individual level (Farmer, 2000; Pumariega & Glover, 1998). The recent Surgeon General's Report on Mental Health emphasizes the importance of increasing our understanding of families' experiences with services, specifically so that information can be used to improve services, the system, and policy decisions (U.S. Department of Health and Human Services, 1999). Understanding how families actually experience the services they receive is critical to understanding how system-of-care principles are applied and experienced by families at the service delivery level.

In order for service provision to be effective, children and families must first receive these services as intended. If families encounter

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obstacles in their service experiences, they may be more likely to discontinue services. Yet, although service delivery implemented according to system-of-care principles may occur in communities, such implementation may not be reflected in the practices of individual providers in their interactions with children and families.

Purpose of the Substudy

The *service experience and treatment adherence substudy* was designed to investigate the congruence between treatment plans and what is actually experienced by children and families, and factors that may impact adherence to that plan. Service experiences are examined to find the extent to which shared experiences of caregivers and providers reflect system-of-care principles and values. In addition, difficulties encountered or transitions in service are interpreted from the caregiver and provider perspectives. Also of interest are the "informal" supports used by families in the care of their children, how they interact with service plans, and how they relate to outcomes.

Questions Addressed by the Practice-level Assessment Substudy

- < To what extent do children and families receive services as planned?
- < Which child, family, service, and system factors facilitate adherence to plans?
- < Do families and providers differ in their perceptions about service delivery in system-of-care and non-system-of-care comparison communities?
- < To what extent does adherence to service plans contribute to improved child and family outcomes?

Methods

For the substudy, a limited number of families in each community and their providers are included. Families are recruited into the substudy at the time of their baseline comparison study interview, shortly after entry into services. After soliciting caregiver participation and obtaining approval to contact the provider about study participation, separate initial interviews to review the treatment planning process are conducted with each caregiver and provider. Caregivers then keep a biweekly diary of their service encounters, and providers keep a similar log that also includes recording of coordination activities conducted for the child or family. Caregivers and providers are interviewed by telephone every two weeks for the 16 weeks following their initial interview to report on their service experiences, including (a) which services and supports were provided, (b) who received the services, (c) appraisals of service provision according to system-of-care principles, and (d) attributions about why or why not a service occurred. A case record review is conducted once at the end of the substudy to assess the establishment of service plans, attendees at service planning meetings, services

Purpose

- < To examine the extent to which services delivered at the individual child and family level embodied the system-of-care principles.
- < To examine the congruence between services that were planned and what was actually received by children and families.

received, documentation of service coordination, explanations for nonparticipation, and any changes in service plans.

Data Collection Procedures

In total, 200 families (50 in each community) will be recruited into the substudy. After development of protocols and data collection tools, one caregiver and provider pair in each of three communities were enrolled into a pilot of the substudy in winter 2001. The first actual study participants were enrolled in late spring 2001 in all four communities. At this writing, 21 families have been enrolled into the substudy.

Substudy Enrollment to Date

	Enrollment Began	Caregivers & Providers Enrolled	Caregiver & Provider Pairs Completed the 16-Week Substudy
Birmingham, AL*	July 2001	12	3
Montgomery, AL**	July 2001	7	1
Region III, NE*	May 2001	7	3
Region IV, NE**	May 2001	8	4

* CMHS-funded system-of-care community.

** Non-CMHS-funded, non-system-of-care community.

Procedures

- < Interviewer conducts first face-to-face interview with caregiver and provider separately.
- < Interviewer conducts telephone interviews with providers and caregivers separately every two weeks for 16 weeks.
- < Interviewer conducts case record review at the completion of the 16-week period.

Summary and Implications for System-of-Care Practice

Overall, the substudy will contribute to our understanding of how system-of-care principles are experienced by families at the service delivery level. In addition, family adherence to service plans may be influenced by a variety of reasons and it is important to identify the contributing factors. These factors may be present at multiple levels, including the child, family, service, and system levels. An understanding of the nature and factors related to adherence can help explain why certain outcomes such as improved child functioning or level of client satisfaction occur.

References:

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- Pumariaga, A. J., & Glover, S. (1998). New developments in services delivery research for children, adolescents, and their families. *Advances in Clinical Child Psychology*, 20, 303-343.
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Understanding how families actually experience the services they receive is critical to understanding how system-of-care principles are applied and experienced by families at the service delivery level.

Other Volume 3 issues:

1 The Family-driven Research Study

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